## **SUMMARY SHEET**

	(1) <u>Coverage</u>	(2)	(3)
	Coverage		(-)
	<del></del>	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage Private Passenger		
_	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		<del> </del>
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage	101010	
11.	Inland Marine- Personal	124,019	-13.3%
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Line of Insurance		
Does f	iling only apply to certain territory (t	erritories) or certain classes? If so, specify:	
na	·		
Brief d	escription of filing. (If filing follow ting ISO's loss costs filings.	s rates of an advisory organization, specify of	•

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

DIVISION OF INSURANCE STATE OF ILLINOIS/IDEPR RECEIVED

JUL 1 8 2006

SPRINGFIELD, ILLINOIS

Central Mutual Insurance Company
Name of Company

(Mrs.) Petrise Meyer
Sr Rates and Forms Analyst
Official - Title

H29219D